HENDERSON COUNTY SCHOOLS CAFETERIA LEAVE SUMMARY

MONTH ENDING: PRINCIPAL SIGNATURE: PRINCIPAL SIGNATURE:										
SCHOOL:										
		SICK LEAVE				PERSONAL LEAVE				
			DAYS					DAYS		
		BEG.	EARNED	DAYS	MONTH		BEG.	EARNED	DAYS	MONTH
	BEG. YEAR	MONTHLY	THIS	USED THIS	END		MONTHLY	THIS	USED THIS	END
CAFETERIA WORKER NAME	BALANCE	BALANCE	MONTH	MONTH	BALANCE		BALANCE	MONTH	MONTH	BALANCE
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